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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

## **School District Claim for State Reimbursement for School Bus Transportation**

State	
District	
County	

DUE
DATES

	Helena, MT 59620-2501								
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					•	Second Semester County Superin State Superinter	tendent	
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCI	HOOL BUS TRAI	NSPORTATION:	1
This clain	n is for the	period beginning			,	20 and e	nding	<b>,</b>	20
			1	nonth	day		m	onth da	ay
CERTIF	<b>ICATIO</b>	N:							
The infor	mation on	this form is compl	ete and	accurate to the	e best of my kno	owledge.			
Date			Signature, Chair, Board of Trustees						
County:			District:					District Le	vel:
51 Toole	<b>)</b>		0903 Sunburst K-12 Schools					High S	chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	2	1 West		86	0.95	34	08/16/05		
100	2	10 Kevin		101	1.36	60	08/11/05		
100	2	4		47	0.95	46	08/16/05		
100	2	5 Oilmon	t	176	1.15	58	08/16/05		
100	2	9 9-Mile		112	0.95	48	08/16/05		

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## **School District Claim for** State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

## **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 51 Toole 0910 Shelby Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Capacity Operated Social Security # Percentage # Inspection 60 14 1 122 1.15 54 08/08/05 2 60 14 58 1.36 66 08/08/05 14 2A76 08/08/05 60 1.36 66 3 14 126 1.15 54 08/08/05 60 4 104 0.95 47 08/08/05 60 14

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

	— пен	ila, IVI I 35020-2	301				
DUE February 1 to County Superintendent February 15 to State Superintendent					May 24 t	o State Superinten	tendent adent
ETE THI	IS CLAIM FO	OR STATE REIM	BURSEMEN	T FOR SCH	HOOL BUS TRA	NSPORTATION:	
n is for the	period beginning	5	,	20 and e	nding	, 2	20
		month	day		n	onth da	y
ICATION	N:						
mation on t	this form is comp	olete and accurate to t	he best of my kn	owledge.			
		Signature, Chair, Boa	rd of Trustees				
County: District:						District Lev	el:
•		0911 Shelby	H S			High So	chool
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
14	1	122	1.15	54	08/08/05		
14	2	58	1.36	66	08/08/05		
14	2A	76	1.36	66	08/08/05		
14	3	126	1.15	54	08/08/05		
14	4	104	0.95	47	08/08/05		
	ETE THI In is for the ICATION Mation on  District # 14 14 14 14 14	February 1 February 1 February 1  ETE THIS CLAIM FO  In is for the period beginning  ICATION:  mation on this form is comp  Beginning  Route # 14 1 14 2 14 2 14 2 14 2 14 2 14 3	First Semester February 1 to County Supering February 15 to State Supering In is for the period beginning Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on this form is complete and accurate to the Signature, Chair, Board Information on the Signature, Chair, Board Information on the Signature, Chai	February 1 to County Superintendent February 15 to State Superintendent  ETE THIS CLAIM FOR STATE REIMBURSEMEN In is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent  ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCH In is for the period beginning	First Semester   February 1 to County Superintendent   May 10 to February 15 to State Superintendent   May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAE   May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAE   May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAE   May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAE   May 20	First Semester

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## School District Claim for State Reimbursement for School Bus Transportation

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
1 0 0				and ending	month.	, 20			
		month	day		month	day			
CERTIFICATION:									
The information on this form is complete and accurate to the best of my knowledge.									
Date		Signature, Chair, Boa	rd of Trustees						
County:		District:				District Level:			

51 Toole	9	0915	0915 Galata Elem				Elemen	Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	21	1	94	0.95	30	08/09/05			
100	21	2	98	0.95	12	08/09/05			

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